



State of California—Health and Human Services Agency  
**Department of Health Services**



**SANDRA SHEWRY**  
Director

**ARNOLD SCHWARZENEGGER**  
Governor

May 19, 2004

**TO:** ALL COUNTY WELFARE DIRECTORS Letter No.04-18  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY PUBLIC HEALTH DIRECTORS  
ALL COUNTY MENTAL HEALTH DIRECTORS

**SUBJECT:** MEDI-CAL PROGRAM REFERRAL TELEPHONE NUMBER AND  
ADDRESS INFORMATION UPDATE

The purpose of this letter is to provide counties with updated referral telephone numbers and addresses for dissemination to Medi-Cal beneficiaries and providers. This information replaces the telephone list issued in the All County Welfare Directors Letter No. 00-49, dated September 22, 2000.

County staff must use discretion when providing telephone numbers and address information to beneficiaries. Beneficiaries must be provided with only telephone numbers and address information from the enclosed Beneficiaries Referral List to prevent frustration and unnecessary costs if they are misdirected to non-toll-free numbers.

Please note the following updates to the lists:

Due to the Department of Health Services (DHS) relocation in 2003 new contact telephone numbers and mailing addresses are provided for many DHS programs. When appropriate, program addresses have been included for beneficiaries' and providers' use.

New beneficiary referral information is provided for the DHS Breast and Cervical Cancer Treatment Program, and the Medical Board of California Central Complaint Unit. Direct toll-free telephone numbers and address information to DHS Third Party Liability Branch, Recovery Section, and Other Health Coverage is included for its programs: Consolidated Omnibus Budget Reconciliation Act Terminations, Health Insurance Premium Payment Program, and Medicare Part A and B Buy-in. Other changes include the consolidation of the Northern and Southern California telephone numbers for the Acquired Immune Deficiency Syndrome (AIDS) Program.

AIDS program information may be accessed by calling the California AIDS Hotline. New provider referral information is provided for the DHS County Medical Services Program. Telephone number updates are provided for Electronic Data Systems (EDS). EDS has consolidated accessing program information through the EDS general information toll-free line, and EDS now answers both In-State provider billing calls in addition to Out-of-State provider billing calls.

If you have any questions regarding the enclosed lists, please contact Ms. Angelica Perez at (916) 552-9511.

Original signed by

Beth Fife, Chief  
Medi-Cal Eligibility Branch

Attachment

# **BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADDRESS INFORMATION**

California Department of Health Services  
 Medi-Cal Eligibility Branch  
 1501 Capitol Avenue, Suite 4063, MS 4607  
 P.O. Box 997413  
 Sacramento, CA 95899-7413  
 916-552-9200

Program	Address	Telephone Number
<b>AIDS</b>	<b>California AIDS Hotline</b> P.O. Box 426182 San Francisco, CA 94142-6182	1-800-367-2437 (Hotline)  1-888-225-2437 (TDD)  415-863-2437 (Main line)
	<b>Office of Aids</b> <b>California Department of Health Services</b> 1616 Capitol Avenue, Suite 616 MS-7700 P.O. Box 997426 Sacramento, CA 95899-7426	916-449-5900  (Non-Medi-Cal services for persons with AIDS)
<b>BabyCal</b>		1-800-222-9999 (Prenatal care information)
<b>Denti-Cal</b>	<b>Beneficiaries Services Group</b> P.O. Box 15539 Sacramento, CA 95852-1539	1-800-322-6384  (Billing inquiries)
<b>Electronic Data Systems (EDS)</b>		916-636-1980 (Medi-Cal bills)
<b>Healthy Families</b>		1-800-880-5305 (Application information)
<b>Medi-Cal Fraud</b>		1-800-822-6222 (Statewide hotline)  (To report beneficiary and provider fraud and patient abuse)
<b>Medi-Cal General Information</b>	For information on Medi-Cal benefits, programs, the application process, and questions regarding county of residence refer beneficiaries to their local County Social Services Office listed in the white government pages of the telephone directory.  For information regarding services provided under the Medi-Cal program, refer beneficiaries to the rendering provider.	
	<b>California Department of Social Services (DSS)</b> <b>Public Inquiry and Response (PIAR)</b> 744 P Street, MS 2023 P. O. Box 944243 Sacramento, CA 94244-2430	1-800-952-5253  (To request a fair hearing)
	<b>Los Angeles County-Case Complaint, Inquiry and Referral</b> 2820 Cross Roads Parkway South Industry, CA 91746-3411	1-877-481-1044  562-908-6603
	<b>San Diego County Public Assistance Information</b>	1-858-514-6885

# **BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADDRESS INFORMATION**

<b>Program</b>	<b>Address</b>	<b>Telephone Number</b>
<b>Medi-Cal Managed Care/Prepaid Health Plans</b>	<b>California Department of Health Services</b> <b>Health Care Options</b> P.O. Box 989009 West Sacramento, CA 95798	1-800-430-4263  (To enroll or disenroll)
	<b>To file a "plan specific" complaint, refer beneficiaries to their specific health plan.</b>  <b>If beneficiaries are not satisfied, and cannot resolve their complaint, refer them to the State Office of the Ombudsman.</b>  <b>California Department of Health Services</b> <b>State Office of the Ombudsman</b> MS 4412 P.O. Box 997413 Sacramento, CA 95899-7413	    1-888-452-8609
<b>Medical Board Central Complaint Unit</b>	<b>Medical Board of California</b> <b>Central Complaint Unit</b> 1426 Howe Avenue, Suite. 54 Sacramento, CA 95825-3236	1-800-633-2322  916-263-2424
<b>MEDICARE</b>		1-800-MEDICARE (1-800-633-4227)  (Medigap & Medicare supplement information & general Medicare information)
<b>Breast &amp; Cervical Cancer Treatment Program (BCCTP)</b>	<b>California Department of Health Services</b> <b>BCCTP</b> MS 4611 P.O. Box 997413 Sacramento, CA 95899-7413	1-800-824-0088
<b>State Hearing &amp; PIAR</b>	<b>California Department of Social Services</b> 744 P Street, MS 2023 Sacramento, CA 95814	1-800-925-5253
<b>Supplemental Security Income (SSI), Social Security Administration (SSA)</b>		1-800-MEDICARE (1-800-633-4227)  (General information)

# **BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADDRSS INFORMATION**

<b>Program</b>	<b>Address</b>	<b>Telephone Number</b>
<b>Third Party Liability Branch</b>	<b>California Department of Health Services Recovery Section P.O. Box 997425 Sacramento, CA 95899-7425</b>	916-650-0490 (Information line)  (Medi-Cal casualty, personal injury, probate, estate, liens, worker's compensation & overpayments)
	<b>California Department of Health Services Other Health Coverage (OHC) P. O. Box 997422 Sacramento, CA 95899-7422</b>	1-800-952-5294  (OHC, Medi-Cal Eligibility Data System (MEDS) coding errors)
	<b>California Department of Health Services COBRA Terminations</b>	1-800-952-5294
	<b>California Department of Health Services Health Insurance Premium Payment Program (HIPP) P. O. Box 997422 Sacramento, CA 95899-7422</b>	1-866-298-8443
	<b>California Department of Health Services Medicare Part A and B Part Buy-In P. O. Box 997422 Sacramento, CA 95899-7422</b>	1-866-227-9863

# **PROVIDERS REFERRAL TELEPHONE NUMBER AND ADDRESS INFORMATION**

California Department of Health Services  
 Medi-Cal Eligibility Branch  
 1501 Capitol Avenue, Suite 4063, MS 4607  
 Sacramento, CA 95814  
 916-552-9200

Program	Address	Telephone Number
<b>County Medical Services Program (CMSP)</b>	<b>County Medical Services Program Office of County Health Services Program California Department of Health Services 1501 Capitol Ave., Ste. 71-5195 P.O. Box 942732 Sacramento, CA 94234-7320</b>	916-552-8015
	<b>Beneficiary Inquiry Unit</b>	916-636-1980  (To refer beneficiaries with benefit questions)
	<b>Denti-Cal</b>	1-800-423-0507  (Billing problems for dental services)
	<b>Electronic Data Systems (EDS)</b>	1-800-541-5555  (Billing problems for medical services)
	<b>MedImpact System</b>	1-800-788-2949 (CMSP prescription drug benefits information)
<b>Delta Dental, Denti-Cal</b>	<b>Delta Dental, Denti-Cal Provider Group P.O. Box 15609 Sacramento, CA 95852-0609</b>	1-800-423-0507  (General questions, billing information and dental contract questions)
<b>EDS</b>		1-800-541-5555 (General questions and billing information )
	<b>California Children's Services/Genetically Handicapped Persons Program</b>	1-800-541-5555
	<b>Obstetrics or the Comprehensive Perinatal Services Program</b>	1-800-541-5555
	<b>Out-of-State &amp; In-State Provider Billing</b>	916-636-1200
<b>Medicare Buy-In</b>		1-800-952-5294 (Notices of overpayment)
<b>Out-of State Authorization for Treatment</b>	<b>California Department of Health Services (DHS) Field Services Section P.O. Box 193704 San Francisco, CA 94119-3704</b>	415-904-9600
<b>Provider Enrollment (DHS)</b>	<b>Payment Systems Division (PSD), Provider Services Information Unit (Including out-of-state providers)</b>	916-323-1945